



809 Monastery Drive  
Latrobe, PA 15650  
(724) 537-5881

Dear client,

This is to remind you that your pet is scheduled for surgery/dental on \_\_\_\_\_.  
**Please withhold food from 6:00 pm the night before admission and withhold water after midnight.**

**Please arrive at the hospital between 8:00 am and 9:00 am with your pet.** If the patient has not been seen within the last 6 months by a doctor at Lakeview Animal Clinic, you will be required to stay until the doctor has completed an exam and you will be responsible for an office fee. The cost of this office call is \$50.00. This will help to identify any existing medical conditions that could complicate the procedure and compromise the patient's health.

If it is necessary to cancel your appointment, please give us at least 24 hours notice so that others may use your time slot.

The enclosed hospital consent form contains several sections requiring your signature. The first request gives us permission to hospitalize and treat your pet. This must be signed. The remaining requests may be optional and are offered for the benefit of our patients. We understand that these procedures increase the cost and may not always be necessary in the young, healthy pets undergoing routine surgery. If you choose to decline these requests, the procedures will not be implemented in advance of the surgery. However, if at the discretion of the surgeon the procedure becomes medically necessary for the safety of the patient, they will be implemented and efforts will be made to notify you.

While in our care, every effort will be made to insure the safety of your pet regardless of your decision about these optional procedures.

Please review the information carefully. If you have any questions, please feel free to call our office at (724) 537-5881.

**Please complete all pages of the enclosed consent form and bring them with you the morning of the procedure.**

Also for canine patients, please offer your pet the opportunity to urinate and defecate prior to being admitted to the hospital UNLESS otherwise instructed. (Some procedures require a full bladder.)

Sincerely,

Lakeview Animal Clinic

**LAKEVIEW ANIMAL CLINIC P.C.**

**809 MONASTERY DRIVE**

**LATROBE, PA 15650**

**724-537-5881**

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Name:		Account #:	
Species:		Owned by:	
Breed:		Address:	
Color:			
Birthday:	age:		
Sex:		Home #:	
Weight:		Business #:	
		Cell #:	
Allergies:			

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**HOSPITALIZATION AND SURGERY CONSENT**

I am the owner [or agent] of the pet described above. I authorize and request you to hospitalize this pet for purposes of diagnosis, treatment or surgery procedures, as specified by this release, and approve the use of whatever anesthetics you deem appropriate for the well-being of the animal. I understand that all reasonable care and precautions will be taken in the performance of the procedures. I understand that with any medical procedure, there are some risks involved and I absolve you of all liability arising from the performance of procedures requested.

Procedure Requested: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MICROCHIP (Please initial your selection):** \_\_\_\_\_ Accept \_\_\_\_\_ Decline \_\_\_\_\_ Already Done

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**BIOPSY/ANALYSIS OPTIONS FOR GROWTH/STONE/FLUID REMOVAL PROCEDURES**

\_\_\_\_\_ **YES** - I, the owner or agent of the pet described above, consent to elect to have a biopsy and/or stone/fluid analysis sent out for the growth/stone/fluid being removed.

\_\_\_\_\_ **NO** - I, the owner or agent of the pet described above, DO NOT consent to have a biopsy and/or stone/fluid analysis sent out for the growth/stone/fluid being removed.

\_\_\_\_\_ **DR. DISCRETION** - I, the owner or agent of the pet described above, consent to leave the biopsy and/or stone/fluid analysis up to the discretion of the doctor. If the doctor feels it is advisable to send the growth/stone/fluid for biopsy/analysis, I give my consent.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INTRAVENOUS CATHETERIZATION CONSENT/WAIVER**

In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of life saving drugs. All patients undergoing non-elective [higher risk] surgery will have a catheter in place. This is optional for all elective procedures.

(OPTIONAL)

The fee is \$32.00 for catheter placement. Please initial below.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_ Required Per Doctor \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FOR LIFE-SAVING PROCEDURES**

I understand the procedures to be performed and the risks involved. I also authorize the doctors and staff to perform any life saving procedures deemed necessary in the event of an emergency. I further understand that no guarantee of successful treatment has been made. I certify that I understand this release, and furthermore assume full financial responsibility of all charges accrued.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

**DO NOT RESUSITATE (DNR):** I would prefer that in the event that a life saving procedure is required for survival that they are not preformed to save the animal's life.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VACCINATION CONSENT**

In the event that my pet is due for recommended vaccinations, I [do, do not] give my consent for them to be administered and understand that I am responsible for the additional fees if I accept.

ACCEPT: \_\_\_\_ DECLINE: \_\_\_\_ UP-TO-DATE: \_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*NOTE\* RABIES VACCINATIONS ARE REQUIRED BY LAW. REFUSAL COULD RESULT IN OUR CLINIC DENYING CARE FOR YOUR PET.

## PRE-ANESTHETIC BLOOD WORK CONSENT/WAIVER

Because some conditions may not be evident on a physical exam alone, we strongly recommend that a pre-anesthetic profile [a combination of blood tests] be performed prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important that these organs are healthy. It is also important that patients have normal blood cell counts to promote proper tissue healing. The tests that we recommend are similar to and equally as important as those your own physician would run if one were to undergo anesthesia. As your veterinarian we are happy to have this technology available to offer you.

ANY ANESTHETIC CARRIES A SERIOUS RISK. THE MORE INFORMATION WE HAVE THE SAFER THAT RISK WILL BE.

It is important to understand that a pre-anesthetic profile does not guarantee that your pet will not have an anesthetic reaction or complication. It may, however, greatly reduce the risk of complications, as well as identify medical conditions that could require medical treatment in the future. If you have any questions regarding blood tests and anesthesia, please ask. The staff and doctors will be happy to answer them.

**SEE YOUR ESTIMATE FOR PRICES OR CALL/TEXT THE OFFICE TO GET A PRICE QUOTE**

**Profile # 1** Healthy Patients Under 5 Years of Age (OPTIONAL)

Includes Complete Blood Count [tests for anemia, infection, clotting]

BUN [kidney]	ALKP [liver]
Glucose [sugar/diabetes]	Total Protein [hydration]
ALT [liver]	Creatinine [kidney]
Electrolytes [dehydration]	SDMA

**Profile # 2** Patients Over 5 Years of Age  
(Optional but recommended for older patients)

Includes all the tests in the Profile # 1 plus:

Globulin [immune status]	ALB [protein]
Calcium	Cholesterol
Bilirubin [liver]	Phosphorus [kidney]
Amylase [pancreas]	SDMA

**Profile # 3** Geriatric Patients, includes Profile 2 and Thyroid Test

**SNAP FEVL** Leukemia and Feline Immunodeficiency

**SNAP 4DX** Heartworm / Lyme / Ehrlichia / Anaplasmosis

CHECK ALL THAT APPLY:

<input type="checkbox"/> Profile # 1	<input type="checkbox"/> SNAP FELV
<input type="checkbox"/> Profile # 2	<input type="checkbox"/> SNAP 4DX
<input type="checkbox"/> Profile # 3	

**Signed (to accept):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OR**

I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I fully understand that a medical condition may exist which could be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

**Signed (to decline):** \_\_\_\_\_ **Date:** \_\_\_\_\_